



Plumbers and Steamfitters Local Union No. 248

Health and Welfare Trust Fund

333 West Vine Street • Suite 500 • Lexington, Kentucky 40507

Toll-Free 888-999-7741 • Fax 859-226-1191

DISCONTINUE COVERAGE

I currently have insurance benefits as an active member through the Plumbers and Steamfitters Local Union No. 248 Health and Welfare Fund. I have retired and wish to change my coverage to the retiree insurance coverage. The retiree coverage includes health care benefits for retiree and current spouse at the time of retirement; \$2,000 retiree life insurance; and vision coverage (until age 65).

I understand once I elect to discontinue the retiree and/or spouse coverage, the coverage will not be reinstated for any reason.

I elect to discontinue the following coverage effective _____
Date

Please check one.

Discontinue coverage for Spouse to have coverage for Retiree Only

Discontinue coverage for both Retiree and Spouse

Discontinue Single Retiree coverage

As a retiree I understand that by canceling my retiree coverage through the Trust, I will also be canceling the retiree life insurance, vision coverage, as well as the health care benefits. Coverage will not be reinstated for any reason.

Retiree Signature: _____

Date: _____

As spouse of the retiree, I understand that by canceling my spouse coverage through the Trust, I will be canceling my vision insurance as well as the health care benefits. Coverage will not be reinstated for any reason.

Spouse Signature: _____

Date: _____